Conceptual Proposal: Dartmouth Medical School Department of Psychiatry

Response to: Request For Proposals or Bids, Agency of Human Services

Psychiatric Acute Care Services to Replace Vermont State Hospital

In response to the Vermont Agency of Human Services "Request for Proposals or Bids for Psychiatric Acute Care Services to Replace Vermont State Hospital" (dated June 29, 2009), the Department of Psychiatry of the Dartmouth Medical School (the Department) seeks to work with the State of Vermont, Department of Mental Health, to replace elements of the Vermont State Hospital. The Department has a long and successful record of providing medical direction and clinical care in state hospital settings in northern New England and proposes to apply that experience to the challenges facing the State of Vermont. The Department proposes to work with Vermont to develop and lead a psychiatric hospital that cares for patients with severe psychiatric illness, one that is located geographically close to the Department's Dartmouth Hitchcock Medical Center (DHMC) campus in Lebanon, New Hampshire. This "conceptual proposal" delineates the Departments' capacity and experience, its reason for interest in this project, and its proposed plan.

The Department of Psychiatry, Dartmouth Medical School – capacity and experience:

The Department of Psychiatry at Dartmouth will soon celebrate 50 years of striving to meet its mission: "To advance scientific knowledge in psychiatry, promote understanding of the field's knowledge through professional and community education, and apply what is known in model clinical practice." The Department has approximately 140 clinical and research faculty, and 85 adjunct (e.g., part-time) faculty members. Combined with trainees, administrative and support staff, the total number of personnel is in excess of 300. The Department has a long track record of excellence in clinical leadership and care, research and training, all of which will bring value to a collaboration with the State of Vermont.

Clinical leadership and service provision: The Department has considerable experience in the design, supervision and delivery of public and private sector behavioral health services. The Department has been instrumental in developing and guiding the public sector system of care in New Hampshire through psychiatric medical direction at the NH State Bureau of Behavioral Health, the state hospital (New Hampshire Hospital), and, until recently, the NH correctional system, and through system-enhancing research, consultation and training collaborations. The Department has also helped state leaders in Vermont, Maine and many other states, to plan and

develop their public sector system of care, and it has staffed the psychiatry service at the White River Junction VA Medical Center. The Department's experience with these state (and federal) government collaborations has led it to be a nationally recognized leader in the development, testing, and implementation of psychiatric care in the public sector. Most immediately relevant to this proposal is the Department's experience developing excellent state hospital services.

The Department assumed clinical leadership of New Hampshire Hospital (NHH) over 20 years ago. The Dartmouth-New Hampshire partnership at NHH transformed a struggling clinical service to one that was described in a national report by Dr. E. Fuller Torrey as "the best public psychiatric hospital in the country." Seventeen faculty psychiatrists provide care at NHH, conducting clinical and neuropsychological evaluations, developing clinical formulations, prescribing and managing medications, doing psychotherapy and providing clinical direction to NHH-employed clinical staff. A Dartmouth Medical Director oversees all clinical care, provides psychiatric consultation to NHH clinical leaders, and consults with NHH executive administrators regarding all aspects of NHH operations and program development. This program provides for psychiatric care within this 240-bed facility that admits approximately 2,500 patients annually.

Likewise, the Department's involvement with Maine, which began in 2002, has led to substantial improvements in their largest state hospital, Riverview Psychiatric Center (formerly Augusta Mental Health Institute) in Augusta, ME. When the Department arrived, the hospital was under court receivership after a suit found noncompliance with a long-term consent decree. The Department's involvement was part of the State of Maine's plan to improve care, foster the recruitment of quality psychiatrists and address the many clinical issues leading to the receivership. The Department currently employs the hospital medical/clinical director and one other faculty psychiatrist at the hospital, and has facilitated the recruitment of five additional psychiatrists for full-time work. The hospital has been out of receivership since 2004, and has full JCAHO and CMS certification. Members of the Department's faculty from other clinical sites travel to Augusta to provide on-site consultations for complex patients 6-8 times/year. The Center contains 92 beds (with approximately 350 discharges per year), as well as two outpatient clinics, an ACT team, and 18 on-campus group home beds. The hospital has general involuntary patients and is the sole Maine facility for forensic patients.

The Department's other clinical programming will also enhance what it can offer to this new enterprise – the Department has experience developing, managing and improving complex clinical programs of care and has a broad array of specialist psychiatrists who can be available for formulating programming and consultation on specific clinical challenges. At Dartmouth-Hitchcock Medical Center (DHMC) in Lebanon, NH, the Department provides psychiatric inpatient and partial hospitalization programs, emergency care, consultation care for patients on medical/surgical units, intensive substance abuse outpatient treatment, sleep disorders evaluation and treatment, an electro-convulsive therapy program, general outpatient treatment, and specialty adult, child, elders and neuropsychiatry outpatient services. The psychiatric inpatient unit admits approximately 900 voluntary patients per year. At DHMC, the crisis team, which

consists of licensed clinicians, psychiatric residents and faculty psychiatrists, provides 24 hour evaluations for urgent and emergent clinical situations that present in the emergency room or in medical center outpatient offices. The inpatient consultation service provides comprehensive psychiatric evaluations and clinical management advice for people who are hospitalized for general medical or surgical conditions. Additionally, Dartmouth faculty run outpatient, crisis and inpatient psychiatric programs at the Veterans Administration Hospital in White River Junction, Vermont; and members of the Department are based in several community mental health centers in NH to provide leadership and psychiatric care, conduct research, do training and implement new, evidence-based treatments.

Of importance for the delivery of care in rural settings, the Department has broad experience with tele-psychiatry (the use of video conferencing equipment for evaluation and treatment of patients with psychiatric disorders). The Department first provided care through interactive video in a highly innovative program in the 1960s, allowing Department psychiatrists in Hanover to evaluate and treat patients in Claremont, N.H. (patients who had previously been without psychiatric care). In recent years, the Department has developed extensive experience providing clinical care, on-going clinical supervision, training and in doing research through tele-psychiatry. Of relevance for Vermont, Dartmouth's tele-psychiatry capacity provides a means to offer expert consultation by sub-specialists to distant clinical sites without the expense of travel.

The Department has substantial experience creating new programs. One recent example involves the Dartmouth Addiction Treatment Program (ATP) in Hanover, NH, which now serves over 150 patients annually with general outpatient, intensive outpatient, and opiate addiction treatment programs. The ATP grew out of a perceived community need for addiction treatment in the region surrounding DHMC. Departmental faculty gathered experts to review the research on effective care, and then built a program that embraces only evidence-based treatments, such as motivational enhancement, cognitive-behavioral therapy, 12-step facilitation and medication, as appropriate. The program provides dual-diagnosis care, integrating psychiatric evaluation for all patients and the prescription and management of psychotropic medications when indicated. Dartmouth is a world leader in the development of evidence-based treatment approaches for co-occurring disorders and has played a key role in piloting these approaches in our various practices and in disseminating these practices to other institutions internationally. Having created the program, the ATP now serves as the base for Departmental research programs funded by NIH that aim to develop new medications for patients with alcoholism.

On a larger scale, the Department recognizes that people with mental illnesses in the region often do not receive appropriate care. To improve care, the Department is partnering with DHMC in an effort to build a coherent integrated system of healthcare for the region -- aimed at improving the health of the population. Essential elements that would enhance "systemness" include electronic medical records at clinical sites that can document care, provide decision support, collect and report process and outcome data, and communicate with other clinical sites. Such an interconnected system, once developed, will enhance effective individual care through seamless provider

communications (improving the general medical care of the population), put up-to-date research information in the hands of doctors and patients to enhance shared decision-making, and build intelligence into the system to allow providers to understand more about what is working well and where care can be improved. DHMC is currently implementing a very sophisticated electronic medical record (EMS) system (EPIC), which will be interoperable with similar or other EMRs in the Dartmouth-Hitchcock region. Increasingly, EMRs will be essential for the delivery of quality care and to create "feedback loops" into the care as it is being delivered, thus allowing clinical organizations to improve care. The Department's involvement in electronic database systems for clinical care could be extended into the Vermont-based psychiatric beds proposed for eastern Vermont – and beyond.

Research: Research enhances clinical care because psychiatry still has much to learn about optimal care delivery. Moreover, on-going research at a clinical site tends to attract high-quality clinicians and keeps them thinking, questioning and learning. Dartmouth's knowledge-enhancement strengths include: 1) Dartmouth's large cadre of world-respected researchers who develop and study treatments (psychopharmacologic and psychosocial) with direct applicability for the population of people who are served in state hospitals – e.g., those with severe mental illness, traumatic brain injury, post-traumatic stress disorder, substance use disorders (SUD) and co-occurring SUD and mental illness; and 2) the Department's demonstrated ability to attract large federal and private foundation grants and contracts for research projects and new services aimed at addressing vexing, unsolved psychiatric dilemmas and to foster a recovery oriented, evidence-based approach to care. In the past three years, over 25 individual principal investigators have led the Department's research effort in psychiatry, with funding of approximately twenty-five million dollars annually. The Department of Psychiatry faculty publishes approximately 200 papers and chapters per year.

Throughout its work, the Department emphasizes the development of new research investigators. It provides a research elective for all trainees, supports early pilot research studies of junior faculty, and provides mentorship leading to the acquisition of "K" awards – an NIH mechanism providing crucial 3-5 years of funding toward the development of an independent research career.

One component of the Department's research enterprise that is particularly relevant to this conceptual proposal is the work of the Dartmouth Psychiatric Research Center (PRC), established in 1987 as a public-academic liaison involving the New Hampshire Division of Behavioral Health and the Department. Initial research studies in the PRC focused on integrating mental health and substance abuse services and on employment for adults with severe mental illnesses. Since then the PRC has developed an international reputation as a thought and research leader. The PRC engages in research, consultation, and training nationally and internationally.

The PRC's work focuses on service to people who experience severe mental illnesses, primarily schizophrenia spectrum and bipolar disorders. The PRC specializes in developing effective interventions under research conditions, then translating these

interventions into mental health services practices and evaluating their effectiveness in routine practice settings. Areas of current work include:

- Implementing evidence-based practices
- Shared decision-making in psychiatry
- Vocational rehabilitation/supported employment
- Services for homeless persons
- Development of optimal medications for psychiatric and substance use disorders
- Integrated treatment for people with co-occurring substance use and severe mental illnesses
- Trauma and post-traumatic stress
- Infectious disease (including HIV and hepatitis)
- Services research methodology

Over many years, the Department, through the PRC, has established a close constructive relationship with the State of Vermont's Department of Mental Health. Vermont has called on the Department to help promote and implement integrated dual disorder's treatment and supported employment and has consulted on many other projects. We anticipate that this involvement will be able to be expanded should the Department take on the role of facilitating the development of new psychiatric inpatient care in the eastern region of Vermont.

Training: The Department's extensive, highly competitive training programs bring great value to this proposal. Patient care is improved when it takes place in an environment involving trainees -- where people are asking questions, delving into what is known, and seeking new solutions. An active clinical teaching program attracts high-quality faculty to the facility and trains the future workforce for the facility and the region.

The Department's workforce development strengths include its long experience training medical students, predoctoral and postdoctoral psychologists, and specialty and subspecialty psychiatrists and our experience in facilitating the dissemination of evidence-based practices across the nation in routine behavioral healthcare settings - training teams of clinicians to offer outstanding service.

Taken together, the Department supports over 60 trainees and provides teaching in basic and clinical aspects of psychiatry to over 170 MD and PhD students annually. In addition, the Department sponsors a wide array of local, regional and national continuing education projects. See Table 1, next page, for a delineation of the Department's on-going training programs.

Table 1: Department of Psychiatry Current Training Programs:

Post-doctoral physician training:

- Adult Psychiatry residency training program (29 trainees)
- Child Psychiatry residency fellowship (6 trainees)
- Geriatric Psychiatry fellowship (1 trainee)
- Addiction Psychiatry fellowship (2 trainees)
- Sleep Medicine fellowship (2 trainees)
- Quality Scholar fellowship (2 trainees)
- Neuropsychiatry fellowship (1 trainee)

Post-doctoral psychologist training:

- Behavior-Medicine fellowship (2 trainees)
- Adult Neuropsychology and Neuroimaging fellowship (5 trainees)
- Child Neuropsychology fellowship (1 trainee)

Predoctoral psychologist training:

- Dartmouth Psychology internship (4 trainees)
- VA Psychology internship (4 trainees)

Medical student teaching and training:

- Psychiatry section of the Year II Scientific Basis of Medicine course – required for all DMS students
- Year III Psychiatry Clerkship – a 7 week program for all DMS students
- Research, reading, and clinical electives for Dartmouth and visiting medical students

Post-doctoral research programs:

Neuroscience research (2 trainees)
Health services research (2 trainees)

Continuing medical education (CME) programs:

Over the past year, the Department has run the following CME programs for clinicians and investigators. Attendees to these programs have come from the region and nationally.

Dartmouth Summer Institute on Evidence-Based Psychiatry
Update on Psychopharmacology for Psychosis
Update on Sleep Medicine
Practice of Child Psychiatry
DHMC Psychiatry Grand Rounds (sent by video to many regional sites)

In addition, members of the faculty participate in many other teaching forums:

Scientific conferences nationally and internationally
Regional and national public education programs
Dartmouth Community Medical School

The Department's motivation to work with the State of Vermont on creation of an inpatient capacity for psychiatric patients in eastern Vermont:

The Department is an academic department aligned with the Dartmouth-Hitchcock Health system. As such, it is committed to serving the health needs of the population in the region. The Department believes that building a system of care that connects psychiatric/behavioral healthcare and general medical care and that has the electronic medical record capacity to build knowledge about care as it is being delivered, will serve the citizens of our region well. The Department has established its competency in the public sector in the work it has done in the public psychiatric hospitals in Maine and New Hampshire, as well as in the community systems of care in New Hampshire, Vermont, and in other sites nationally. The Department is also dedicated to enhancing what is known through research, applying research-based care in routine healthcare settings, and training others to think scientifically and apply what is known in daily care. This project has the potential to allow the Department to meet all aspects of its mission while leveraging its strengths and experience for the benefit of the citizens of Vermont who need this high level of psychiatric service.

The Dartmouth Department of Psychiatry's "Conceptual Proposal":

The Department (i.e., "partner") proposes to work with the Vermont Department of Mental Health to create an acute involuntary psychiatric unit (i.e., a free standing hospital, "project") in close geographical proximity to DHMC, on the Vermont side of the Connecticut River. The hospital would serve a subpopulation of the people currently cared for at Vermont State Hospital (estimated to be 15 – 20 patients). Inpatients requiring general medical hospitalization would receive it at Dartmouth-Hitchcock Medical Center, although emergency and on-going medical consultation care would be provided on-site by Dartmouth faculty in the new Vermont psychiatric facility.

In discussions with the Commissioner and Deputy Commissioner of Mental Health in Vermont, the Department has suggested that the proposed new psychiatric hospital unit might be built on the grounds of the White River Junction (WRJ) VA Medical Center. This VA Center, staffed by Dartmouth psychiatrists, currently has a full psychiatry service, providing inpatient, consultation and outpatient psychiatric care. The proposed new unit would be staffed by non-VA Dartmouth faculty (psychiatrists and psychologists), although "hotel" functions would likely be provided by the VA through a contractual arrangement.

This arrangement has distinct advantages for the Department, which would be able to have psychiatry and psychology trainees, as well as Dartmouth medical students, based on the unit, under supervision of senior faculty. In addition, it would add to Dartmouth's coverage of psychiatric care within the State systems in New Hampshire and Maine. Providing care to a large component of the northern New England region, and linking that care as appropriate through the use of electronic health records, is an important advantage of this arrangement to the citizens of Vermont who are to be treated in the proposed facility. This would allow treatment to be well-informed and evidence-based.

The White River Junction VA Medical Center has surplus land that it is able to devote to this purpose – either through an outright sale or a lease arrangement (to be determined). For the VA, this arrangement has the advantage of ensuring that veterans treated in their WRJ VA facility do not need to be sent out of state for an intensity of inpatient treatment not currently available at the WRJ VA; indeed, such patients could simply move to the proposed new unit for such time as they required intensive psychiatric inpatient care.

The Department proposes that, at a minimum, it will recruit Dartmouth faculty to provide the medical direction and psychiatric staffing for the new inpatient psychiatric unit. As the Department has done in other public psychiatric hospitals it has staffed, the Department will recruit clinical staff with specific specialty expertise required to optimally serve the unique needs of the population (e.g. major mood disorders, neuropsychiatry, psychosis, co-occurring substance use disorders). Since effective care of a population of patients requires on-going knowledge about the processes and outcomes of the care, efficient communication, and up-to-date decision support for clinicians and patients, the Department will work with Vermont to implement an effective electronic medical record system as part of this project. The Department will use its expertise to design and put into operation state-of-the-art services, providing evidenced-based, recovery-oriented care to the citizens of Vermont who require this level of care.

Important areas for future discussion include: 1) the size of the facility; 2) the exact mission of the facility; 3) how the facility will be financed and built; 4) who will run the non-clinical aspects of the operation; 5) exactly where it will be located; and 6) the length and nature of the contractual arrangement to allow the Department to provide for care of this population.

The Department is also open to a broader collaboration to improve the care of psychiatric patients in Vermont and throughout the New England region. For example,

the Department is interested in working with the State of Vermont (and with the University of Vermont Medical School, as appropriate) to evaluate and develop the overall system of behavioral healthcare for the citizens of Vermont. The Department will bring a depth of consulting expertise, research, and training to Vermont's system of care. In addition, since the Department is currently engaged in building a system of psychiatric healthcare in our region, one that can provide optimal care and that links psychiatric care with general medical care, and since the Department is already involved with state hospital care in Maine and New Hampshire, this proposed new "state hospital" service in Vermont would be an important element in the enhanced system of psychiatric care for the entire northern New England region.

Moreover, the Department is currently working with leadership at DHMC as it creates a regional system of medical care, known as Dartmouth Hitchcock Health (DHH). The impetus for this collaboration is to ensure that psychiatric and medical care delivered throughout the northern New England region are optimally integrated to improve the overall care of patients. This is particularly important for patients with severe mental illness, such as those currently housed at Vermont State Hospital, since it is known that patients with severe mental illness die 20 years earlier than others in the general population. We anticipate that the proposed new inpatient psychiatric service located on the grounds of the WRJ VA Medical Center would be integrated with DHH as one component of a regional healthcare/mental healthcare system – thus, beginning to ensure that all citizens of the region can receive optimal integrated care.

Regarding specified "bid requirements" for this "conceptual proposal":

As this is a conceptual proposal, many of the specifications called for within the RFP are not able to be provided at this juncture. We look forward to working with the State to more fully describe the elements of this project. However, in compliance with the RFP, we list here the particular elements of the "bid" section that are able to be delineated within his conceptual proposal. We anticipate that many of the outstanding issues that need to be resolved regarding the specification of a full proposal will be able to be done through on-going discussions with the Commissioner of Mental Health and his staff.

Program Description: We expect to work with the State regarding the optimal program. Our previous experience with development of clinical inpatient structures at New Hampshire Hospital and Riverview Psychiatric Hospital will inform the development of the program.

Staffing: We anticipate creating a program to conform to the requirements delineated on pages 19 and 20 of the RFP. Specifically, we expect the facility to: (1) admit patients 24-7, 365 days per year; (2) provide emergency involuntary procedures on the same schedule; (3) be able to provide one-to-one or two-to-one staffing as necessary; (4) have nursing and staff ratios consistent with provision of the most acute psychiatric care; (5) provide medical evaluation and treatment services; (6) provide recovery and - social programming appropriate for the population under care; (7) develop complex discharge plans; (8) work with existing care systems in Vermont to ensure bed availability when necessary; and (9) work with the DMH legal unit and the Mental Health

Law Project to do clinical preparation for legal procedures and provide psychiatric testimony, as appropriate.

Impact on the Host Program and System of Care: As noted above, we are confident that this new inpatient psychiatric unit for Vermont State Hospital patients on the grounds of the WRJ VA would increase the ability of the Dartmouth Department of Psychiatry to provide care for public and private sector psychiatric patients in the region. We do not anticipate that it would undermine the existing system of care in any way; rather, we believe it will improve the system of care.

Financial Statements: As requested by the RFP, the annual audited financial statements for Dartmouth College can be found on the Dartmouth College website - http://www.dartmouth.edu/~control/reporting/ppp.html.

Collaboration Principles: The Dartmouth Department of Psychiatry will work with the State under the "Program Principles" delineated on page 23 of the RFP such that the new inpatient psychiatric care facility ("program") will: (1) be an integrated part of the State wide system of care; and (2) provide high quality, clinically appropriate care for patients who meet inpatient admission criteria.

Governance Principles: The governance principles specified in the RFP will be followed as appropriate for the eventual structure of the "program".

Fiscal Principles: Given the nature of this conceptual proposal, it is premature to comment on the specific nature of capital financing or operations financing to be used.

Collaboration Principles Throughout Project Phases: The Department of Psychiatry intends to collaborate with the State as delineated within this section of the RFP, on pages 25 to 27. Since this is a conceptual proposal, it is premature to provide specific details regarding the exact nature of the collaboration. However, we fully expect that the on-going discussions with the State that have already taken place will continue in an expanded manner as part of this collaboration.